CITY OF TEMPE HOUSING ASSISTANCE PROGRAMS CONFLICT OF INTEREST CERTIFICATION

1.	Are you, or any member of your household, related by blood, marriage or operat of law to any employee of the City of Tempe Development Services Department Housing Services Division? If yes, please indicate his/her name, position and relationship to you:		□ No
2.	Are you, or any member of your household, related by blood, marriage or operat of law, to any City of Tempe employee not listed above? If yes, please indicate his/her name, position and relationship to you:	tion Yes	□ No
3.	Are you, or any member of your household, related by blood, marriage or operat of law, to any member of the Tempe City Council or any Tempe Commission and Board member: If yes, please indicate his/her name, position and relationship to you:		□ No
4.	Do you currently own or have an interest in property which is being subsidized and/or rehabilitated by the City of Tempe Housing Services Division If yes, please list the property address and the name of any person(s) with whom you own the property:		□ No
-	FAMILY: Family is defined as persons related by blood, marriage or adoption, daughter, son, parents, grandparents, cousins, etc. Family also includes significate person(s) with whom you have a close personal relationship, i.e. live-ins, fiancée Our signature below certifies that the above information is true and correct to tweldge:	ant others defined es, etc.	l as
Head o	of Household Date		
Со-Не	ead of Household or Spouse Date		
	on 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statement or Agency of the United States as to matters within its jurisdiction.	nents or misreprese	entations to any
Hous	sing Services Use Only:		
Review	ewed by: Date:		
	☐ No conflict exists ☐ A conflict appears to exist; proceed with further investi	igation	

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